

Proof of Service

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 11.31
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 16.11

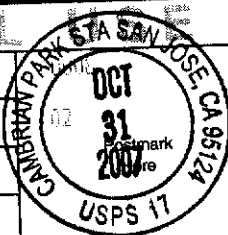


Sent To: Michael C. SERNERIAN
 Street, Apt. No. or PO Box No. 96 No 3rd St, Suite 500
 City, State, ZIP+4 SAN JOSE, CA 95112
 PS Form 3800, August 2006 See Reverse for instructions

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Sent To: Peggy S. Doyle
 Street, Apt. No. or PO Box No. One Sansome St
 City, State, ZIP+4 SAN FRANCISCO, CA 94104
 PS Form 3800, August 2006 See Reverse for instructions

Cambrian Park Station
 San Jose, California
 951249998
 0568370008 -0096
 (800)275-8777 12:41:34 PM
 10/31/2007

Product Description	Sale Qty	Unit Price	Final Price
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San Jose CA 95112			\$1.31
one-1 First-Class			
large Env			
1.80 oz.			
Return Rcpt (Green Card)			\$2.15
Certified			\$2.65
Label #:	70071490000502502376		

Issue PVI: \$6.11

San Francisco CA 94104			\$1.31
one-1 First-Class			
large Env			
3.80 oz.			
Return Rcpt (Green Card)			\$2.15
Certified			\$2.65
Label #:	70071490000502502383		

Issue PVI: \$6.11

Total: \$12.22

Paid by: \$20.00
 Cash: -\$7.78
 Change Due:

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Bill #: 1000402226681
 Clerk: 02

All sales final on stamps and postage.
 Refunds for guaranteed services only.
 Thank you for your business.

 HELP US SERVE YOU BETTER

Go to: <http://gx.gallup.com/pos>

TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

for C03 00119 RWM and C07 02476 HRL
 ADR# 00, ADR# 00-1 and ADR# 7

NO. DIST. OF CAL. S.I.
 U.S. DISTRICT COURT
 CLERK
 RICHARD W. WICKING

FILED
 2007 NOV 11 11:21 AM
 [Signature]

Proof of Service

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Ben Berger</i></p>	
		B. Received by (Printed Name)	C. Date of Delivery 11/1/07
<p>1. Article Addressed to:</p> <p>Peggy S Doyle 1 Samson Street Apt 1400 San Francisco CA 94104</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7007 1490 0005 0250 2383</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt 102505-02-M-1540</p>	

Case Number C03 00119 RAIL and C07 03476 HRL
ADR# 00, ADR# 00-1 and ADR# 7

Michael C. Serverian
96 No 3rd St Suite 500
San Jose, CA 95112

Green Copy Not Returned
#7007 1490 0005 0250 2376

NOV 7 2007
11:12 PM
U.S. DISTRICT COURT
N.D. DIST. OF CALIF.
SAN JOSE

Ben Berger 10/31/07

FILED